### **Application Inf rmation**

Application Type::

Regular

Subject Matter::

Utility

Title::

METHODS OF USING CCR1 ANTAGONISTS AS

**IMMUNOMODULATORY AGENTS** 

Attorney Docket Number::

PC25000A

### Inv ntor Information

Inventor Authority Type::

**INVENTOR** 

Primary Citizenship Country::

\_\_\_

US

Given Name::

Matthew F.

Family Name::

**Brown** 

City of Residence::

Stonington

State or Prov of Residence::

CT

Country of Residence::

USA

Street::

443 Wheeler Road

City::

Stonington

State or Province::

CT

Postal or Zip Code::

06378

Inventor Authority Type::

**INVENTOR** 

Primary Citizenship Country::

PH

Given Name::

Anderson S.

Family Name::

Gaweco

City of Residence::

Stonington

State or Prov of Residence::

CT

Country of Residence::

USA

Street::

255 Elm Street

City::

Stonington

State or Province::

CT

Postal or Zip Code::

06378

Inventor Authority Type::

**INVENTOR** 

Primary Citizenship Country::

US

Given Name::

Ronald P.

Family Name::

Gladue

City of Residence::

aladac

Stonington

State or Prov of Residence:: Country of Residence:: CT USA

Street::

83 Rowley Drive

City::

Stonington

State or Province::

CT

Postal or Zip Code::

06378

Inventor Authority Type::

**INVENTOR** 

Primary Citizenship Country::

US

Given Name::

John C.

Family Name::

Kath

City of Residence::

Waterford

State or Prov of Residence::

CT

Country of Residence::

USA

Street::

252 Shore Road

City::

Waterford

State or Province::

CT

Postal or Zip Code::

06385

**Inventor Authority Type::** 

**INVENTOR** 

Primary Citizenship Country::

US

Given Name::

Christopher S.

Family Name::

**Poss** 

City of Residence::

**Baltic** 

State or Prov of Residence::

CT

Country of Residence::

USA

26 Potash Hill Road

Street:: City::

Baltic

State or Province::

CT

Postal or Zip Code::

06330

## C rrespondence Information

Correspondence Customer Number:: 28523

## R pr s ntative Information

Representative Customer Number::

28523

### Assign e Information

Assignee Name::

Pfizer Inc

# D m stic Priority Information

Application::

**Continuity Type::** 

Parent Application::

Parent Filing Date::

This application

Non Prov of Prov

60/422,579

10/30/02